

**EMERGENCY TEACHER TRAINING
DOCUMENTATION FORM
2003-2004**

Name: _____

**Social Security
Number:** _____

**School
District:** _____

**Date of In-
Service:** _____

**Description of
In-Service Training** _____

Signature of Person Verifying In-Service Training:

Signature: _____

Title/Position: _____

**After completion, make a copy of this form and return the original to your
Director of Special Education for verification and submission to your
regional Special Education Cooperative Office.**

Director of Special Education

Date

**Note: Directors of Special Education do not forget to submit all documentation at one
time prior to May 1, 2004.**